

INTERFACILITY TRANSPORT TASK FORCE

MEETING

JANUARY 4, 2006 LITTLETON, NH

Members present:

Dave Dubey, Berlin EMS/ EMS Coord. Board; Clay Odell, NHBEMS; Alisa Butler, DHHS-Rural Health; Jonathan Dubey, Berlin EMS, Jean McGovern, Littleton Regional Hospital, Kurt Lucas, Littleton Regional Hospital, Jeanne Erickson, Speare Memorial Hospital; Chandra Englebert, Weeks Medical Center, Patrick Twomey, Mountain Valley EMS, Pam Fowler, Mountain Valley EMS,

Guests/new members present:

Brian Clark, Warren Wentworth Ambulance, Jay Lena, Warren Wentworth Ambulance

- Clay distributed copies of the notes from the December 2005 meeting. He had not had the opportunity to complete these notes and distribute them by email prior to today's meeting. There were no suggestions to modify the meeting notes.
- Clay distributed copies of the letter that went out to the North Country hospitals CEO's that was undersigned by many members of the Interfacility Transport Task Force as discussed at the December meeting. The letter advocated for critical access hospitals to consider interfacility transfer issues when submitting grant applications for the Rural Collaborative for Health Improvement Program (R-CHIP) grants.
- The group spend some time discussing what the Task Force would recommend if contacted by one of the hospital administrators asking for input into the grant. The consensus of the group was to recommend funds be spent on education. Particularly a subsidy to send practitioners to a Critical Care Paramedic (CCEMTP) course was recommended, but it was pointed out that in order to increase the labor pool, an effort at reducing the cost of initial EMT courses was important.
- The group initiated work on collecting data to further evaluate the problem of interfacility transport. Everything we've been working on to this point has been anecdotal and intuitive. But without data there will be no way to evaluate whether the problem is improving, static or getting worse.

It is recognized that the need to collect data can conflict with working efficiently. The person who makes the calls for ambulance transport is often busy and already multi-tasking. Since that person will also be the one to fill out a data sheet that task adds an additional burden to their workload. The group feels that the need to collect data supersedes the need to job simplify, but will consider that when crafting the data collection sheet and determining which data points to include.

The group used the “Ambulance Transfer Request Form” in use by Weeks Medical Center as a “straw man”. Following this meeting Clay will re-do the form and distribute it to the membership for review and comments.

- The group discussed the term “urgent” as it pertains to interfacility transport. The group desired clarification of the term to avoid misuse of the ambulance resources for non-clinical reasons. The group felt a definition should indicate that a patient’s medical condition was time-sensitive, at risk for significant loss of function and medically necessary, to engender the description of “urgent”. The term “urgent” for the purposes of interfacility transport should also include “emergency” or “emergent”.

Subsequent to this discussion it was recognized that a definition of “urgent” is included in the proposed Saf-C 5900 rule changes that are currently in process. In the updated rules the term “urgent” is included in the term “emergent”.

- The meeting ran over time, but a quick discussion about the 2006 Summit targeted late March 2006 as the preferred date and Clay will investigate meeting places in the Littleton area or the Highland Center in Crawford Notch. Planning for the Summit will be the major discussion point at the next meeting.
- The next meeting of the Interfacility Transport Task Force will be held on Wednesday February 1, 2006 at Littleton Regional Hospital. PLEASE NOTE A TIME CHANGE – THE MEETING WILL BE HELD FROM 9:00 AM UNTIL 11:00 AM.

The Task Force appreciates Littleton Regional Hospital’s continuing support for this committee’s meetings.